## COMBINED DECLARATION AND POWER OF ATTORNEY

Attorney Docket No. Mo-6359/MD-00-70-PU

As a below named inventor, I hereby declare that:

My residence, post office and address and citizenship are as stated below next to my name,

inver the in GAP	TACUMON EUMBO	•	rst and sole inver elow) of the subje RM CARPET BAC		io oldiiiilog g	d below) o nd for whic	r an original ch a patent	l, first and joint is sought on
		- ON ONIFOR	CARPET BAC	CK COATING	3			
the s	pecification of w	hich (check one	2)			- <del> </del>	· · · · · · · · · · · · · · · · · · ·	
0	is attached h	ereto	⊠ was Seria	al No		1	as Applica and was an (if applica	nended on ble).
the ci	I hereby state laims, as amend	e that I have rev led by any ame	riewed and under ndment referred t	stand the co	ontents of the ab	ove-identif	ied specifica	ation, including
accor	I acknowledg dance with title I hereby clain Itent or inventor	e the duty to di 37, Code of Fe n foreign priority s certificate list	sclose information deral Regulations benefits under 7	which is m , §1.56 (a). itle 35, Unit	ed States Code,	§119 of a	ny foreign a	
		arming d		are applicat	ion on which prid N APPLICATION	ority is clair	med:	
	None					.(•)	Priorit	y claimed
	(Number)	(Country)	(Day	/month/year	filed)		□ Yes	No No
<del></del>	(Number)	(Country)	(Day	/month/year	filed)		□ Yes	□ No
	(Number)	(Country)	(Day	/month/year	filed)		□ Yes	□ No
me at	s application in t ity to disclose th	he manner prov e material infor	der Title 35, Unite tter of each of the rided by the first p mation as defined e prior application	aragraph o	Title 35, United	States Co	ates applica sed in the pr de, §112, I	tion(s) listed rior United acknowledge
	None		····					
,	(Application Serial No.) (Filing		(Filing Date)	(	(STATUS: patented/pending/abandoned)		d)	
	(Application S	erial No.)	(Filing Date)	(	STATUS: paten	led/pendin	g/abandone	ed)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office Connected therewith:

JOSEPH C. GIL, Patent Office Registration Number 26,602
ARON PREIS, Patent Office Registration Number 29,426
LYNDANNE M. WHALEN, Patent Office Registration Number 29,457
THOMAS W. ROY, Patent Office Registration Number 29,582
RICHARD E.L. HENDERSON, Patent Office Registration Number 31,619
GODFRIED R. AKORLI, Patent Office Registration Number 28,779
N. DENISE BROWN, Patent Office Registration Number 36,097
NOLAND J. CHEUNG, Patent Office Registration Number 39,138
DIDERICO VAN EYL, Patent Office Registration Number 38,641
CAROLYN M. SLOANE, Patent Office Registration Number 44,339
JAMES R. FRANKS, Patent Office Registration Number 42,552
JACKIE ANN ZURCHER, Patent Office Registration Number 33,896

all of Bayer Corporation, Pillsburgh, Pennsylvania 15205-9741

SEND CORRESPONDENCE TO:	DIRECT TELEPHONE CALLS TO:
Patent Department Bayer Corporation	(Name and telephone number)
	Patent Department (412) 777-8349

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR		
Jeffrey L. Robbins	INVENTOR'S SIGNATURE	DATE
RESIDENCE		6/12/2001
230 2nd Avenue Phoenixvilla DA 40400	CITIZENSHIP	
OST OFFICE ADDRESS	U.S. Citizen	
Bayer Corporation 100 Bayer Daniel Bill	Lunch DA (BOOK -	T 0.0. Onizen
FULL NAME OF SECOND JOINT INVENTOR, IF AN	urgn, PA 15205-9741	
	Y INVENTOR'S SIGNATURE	DATE
RESIDENCE		
		CITIZENSHIP
POST OFFICE ADDRESS		
ELILL ANALOG		
FULL NAME OF THIRD JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	
	WITCH ON S SIGNATURE	DATE
POST OFFICE ADDRESS		·
DOOT OF		CITIZENSHIP
POST OFFICE ADDRESS		
CINI MANE		
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY	/ INVENTOR'S SIGNATURE	<u> </u>
RESIDENCE	WILLIAM OIGIVATORE	DATE
RESIDENCE		
POST OFFICE ARE		CITIZENSHIP
POST OFFICE ADDRESS		
FULL NAME OF CITY		
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	
RESIDENCE		DATE
POST OFFICE ADDRESS		CITIZENSHIP
OUT OF THE ADDRESS		
		,